FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003219 1. Corporation Name

NATIONAL TOOL AND EQUIPMENT, INC.

Principal Place	e of Business	Mailing Address			(ipplicab (iip letts ares) basic basic basic		-19 1911 1021
60 KARAGO AVE. 60 KARAGO AVE.							
YOUNGSTOWN OH 44512 YOUNGSTOWN OH 44					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 06/20/1994		
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number	App	lied For
21	1000 di Buoioo	26			34-1739713	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Ac	dditional
22		27		5. Certifcate of Status Desired	Fee Req	uired	
City & State		City & State			6. Election Campaign Financing	\$5.00 N	Vlay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year		
24	25		io		Personal Property Tax.		□Nō ·
	9. Name and Address of Curre	nt Registered Agent		Al Maria	10. Name and Address of New Registe	red Agent	
MITA	I A IOUN		8	1 Name			
MITALA, JOHN				2 Street Addr	ess (P.O. Box Number is Not Acceptable)	-	
1200 S PINE ISLAND RD PLANTATION FL 33324			-				
PLA	ATATION PL 33324		8	3			.
			8	4 City		85 Zip C	ode
					-	FL 83 ZAP X	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	horized b	y the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	pointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE R	Registered Ag	ent signature required	d when reinstating) DATE	<u> </u>	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	T	☐ DELETE	1.1 TITLE	dendor	A	Change	☐ Addition
NAME	SIMON, JAMES JR.		1.2 NAME	** 511400	7211/09		
STREET ADDRESS	3177 CHABLIS LANE		1.3 STRE	ET ADORESCOUT	11# [290]	•	
CITY-ST-ZIP	POLAND OH		1.4 CITY				
TITLE	P	☐ DELETE	2.1 TIYLE	Date E	ntered	Change	☐ Addition
NAME	VROSS, ANTHONY R		2.2 NAM				
STREET ADORESS	3988 FOX HAVEN DR.		2.3 STRE	ETADOŘESS 😢 🏲	aid		
CITY-ST-ZIP	CANFIELD OH		2. 4 CITY		m \$150.00		
TITLE	DS	☐ DELETE	3.1 TITLE	Approv	V60 111	☐ Change	☐ Addition
NAME	SIMON, ALEX J		3.2 NAMI	E [,		1
STREET ADDRESS	3064 CHABLIS LANE		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	POLAND OH 44514		3.4, CITY	-ST-ZIP			
TITLE	VP	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	AUGUSTINE, ROCCO J		4, 2 NAM	E			{
STREET ADDRESS		,	4.3 STRE	ET ADDRESS			į
CITY-ST-ZIP	POLAND OH		4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME			5.2 NAMI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	1		6.2 NAM	,			}
STREET ADDRESS			6.3 STRE	ET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed or

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90037 013 ***150.00